

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. 10/510,316 Filing Date 10/02.2004 Examiner M.J. Smith Group Art Unit 3672

Applicant Laurence J. Ayling Title Improved Slips Docket No. AYL-10-PCT

AMENDMENT

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Trademarks, P.O. Box 1451, Alexandria, VA 22313-1451, on **13 December 2006**.

R. B. Sherer



The subject Amendment is in response to the Office Action dated 13 September 2006.

Cancel Claims 14 - 20 and substitute New Claims 21 - 38.

IAP6 Rec'd PCT/PTO 18 DEC 2006

8/10

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>AYL-10-PCT</b>	
Applicant(s): <b>LAURENCE J. AYLING</b>					
Application No. <b>10/510,316</b>	Filing Date <b>10/02/2004</b>	Examiner <b>M.J. SMITH</b>	Customer No.	Group Art Unit <b>3672</b>	Confirmation No.
Invention: <b>IMPROVED SLIPS</b>					
<b><u>COMMISSIONER FOR PATENTS:</u></b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	18 -	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					\$0.00
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-0765</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p>					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 <i>Signature</i>			<b>Dated: 13 DECEMBER 06</b>		
			<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <b>13 DEC. 06</b></p> <p style="text-align: center;"><b>(Date)</b></p> <p>  <i>R.B. Sherer</i></p> <p style="text-align: center;"><b>Signature of Person Mailing Correspondence</b></p> <p style="text-align: center;"><b>R.B. SHERER</b></p> <p style="text-align: center;"><b>Typed or Printed Name of Person Mailing Correspondence</b></p>		
CC:					